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The Hampden Hippocrat

June—July
1988

Pride in Medicine II

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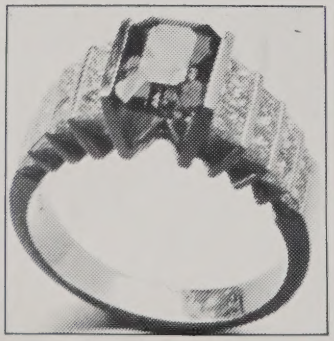

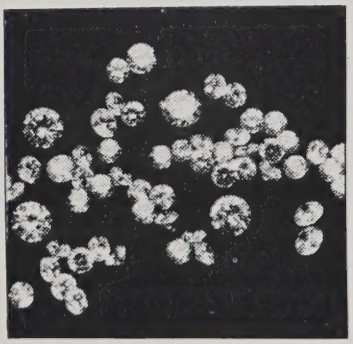

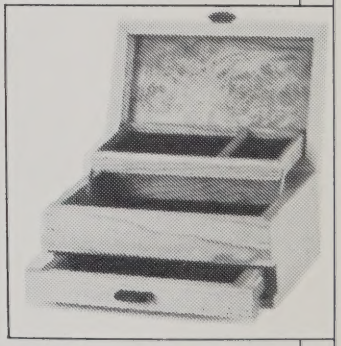

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THE HAMPDEN HIPPOCRAT

VOLUME XXXXIV NO. 3
JUNE—JULY 1988

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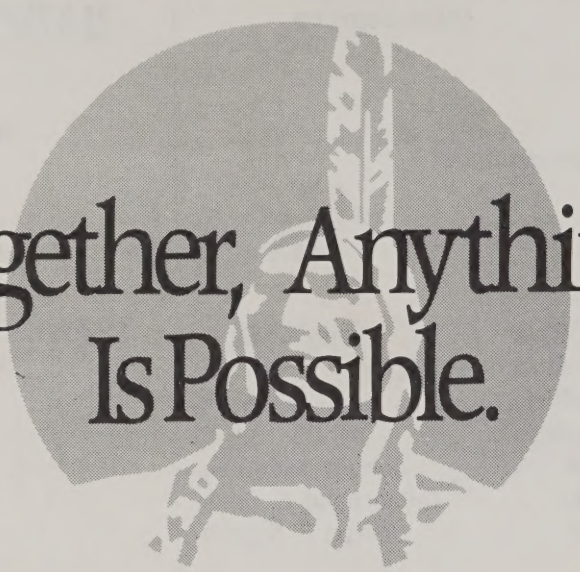

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THE HAMPDEN HIPPOCRAT

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JUNE—JULY 1988

VOLUME XXXXIV NO. 3

The official bulletin for The Hampden District of the Massachusetts Medical Society. Founded in 1942 by Edward P. Bagg, Jr., M.D. and William A. R. Chapin, M.D.

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This month's cover is "A Physician's Touch" the Grand Prize Winner of Pride in Medicine II. Submitted by Kathleen Hanafin Joyce of St. Joseph's Hospital in Lowell Massachusetts.

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The opinions expressed in this bulletin are those of the writers and do not reflect the official viewpoint of the Hampden District Medical Society unless so stated.
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HDMS President's Message

Relevance

J. Gordon Rich, M.D., President

Over the years, I have heard all sorts of commentary about organized medicine, and I have had some things to say on the subject along the way myself. Often, comments and complaints have really come down to whether the activities of organized medicine have been and continue to be relevant to the real world of health care delivery that we all deal with every day. I think that the issue of relevance is a critical one, and I would like to try to share with you some of my thoughts about this.

In the late 1970's and early 1980's I was on the executive committee of the district society, and was also a councilor representing the district at a state level. I think that our local and state leadership felt at that time that if the doctors rocked the boat at all, the political establishment would stick it to us; with the result that a lot of effort went into maintaining relative tranquility, and keeping the lid tightly clamped in place. Well, we didn't rock the boat much, and the politicians not only stuck it to us, but gave it a twist once the knife was in place. Certainly the events of the past five years or so have hardly been encouraging.

As a result, the worm has finally turned. Organizations that I have contact with have changed their direction and interest and emphasis appreciably. The American College of Surgeons used to be pretty mute on socio-economic and political issues. No longer is that the case, with about every issue of their bulletin featuring some problem in the social, economic, or political arenas.

The same sort of change has occurred in the American Academy of Orthopedic Surgeons. This organization used to devote itself exclusively to academic considerations, but has been taking an increasingly prominent role in addressing non-medical issues, and this has come about mainly because of pressure exerted by an aroused membership. Our own New England Journal of Medicine (owned by the Massachusetts Medical Society) has increasingly addressed social and political concerns; something it was reluctant to do in the past. The Massachusetts Medical Society has become more effective in lobbying issues with the political establishment, and in analyzing and pursuing legal issues.

Whereas politicians were accustomed to looking at our organizations as paper tigers, and at physicians as political pussycats, this perception has substantially changed in recent years. Health care issues are on the

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front burner of the political stove most of the time, and widespread physician unhappiness translates into political heat quite rapidly.

Your leadership in the Hampden District wants to focus our resources on dealing with what we all perceive to be a difficult, and at times, frankly hostile environment in which to work. We want to improve the image of the profession, strengthen its ties and relationship with local legislators and political figures. This goes along with the goals of the Long Range Plan that was recently adopted by the District Society membership at a special meeting, and which was also recently published in the Hippocrat. We want to do this from a position of strength, and not in a "hat in hand" sort of way from a position of weakness. We don't see this effort as a self-serving or self-aggrandizing one. Perhaps it could best be thought of as a program of enlightened self-interests of "providers" and "consumers" (physicians and patients to us), intertwined in many direct and subtle ways, and neither party can do well if the other languishes. If doctors become disillusioned and demoralized, and respond by quitting active practice, eliminating the provision of some types of medical service, retiring early, or moving away, then no one in this state or in this community will benefit—certainly not people in need of medical care. More thoughtful politicians and community and business leaders have come to understand this, and we have a group of people in all of these camps that we can work with.

To deal with these problems, we need leadership and innovation, but we also need dedicated troops that are willing to take a *continuing* interest in these matters. This isn't a cavalry charge, but a day-to-day infantry action. The trenches aren't romantic, and are frequently dirty and smell bad, but that is where the action is.

I urge you all to keep informed about what is going on in this arena, get involved with the work of our Society, and take active part in helping to deal with important political and social issues when the opportunity comes along. Finally, never give up; never give in, and be mentally committed to keep working at this thing over the long haul. ■

SEAN RESTALL FUND

We have recently experienced the loss of Dr. Sean Restall who had served Baystate Medical Center for the past 13 years. Dr. Restall had been an Anesthesiologist who was largely responsible for the development of the Outpatient Surgical Unit at Wesson Memorial Hospital and had been intimately involved with the DayStay Program at Baystate Medical Center.

The Administration and Medical Staff of Baystate Medical Center are presently in the process of developing a program to care for "Long Term Stay Patients" at Baystate Medical Center. Dr. Restall's wife and family are very enthusiastic about this hospice concept and this program will be developed in Dr. Restall's honor and the fund will bear his name.

If you wish to submit a contribution to this fund, please forward it to Baystate Health Systems, "Sean Restall Fund" care of the Development Office, Wesson Memorial Unit, Baystate Medical Center, Inc., Springfield, Massachusetts 01199.

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Annual Meeting of the Hampden District Medical Society

The Annual Meeting of the Hampden District Medical Society was held on Tuesday, April 26, 1988, at Storrowtown Tavern. The full meeting was attended by 108 members and spouses.

The Business Meeting was highlighted by the reading of the minutes of the Special Business Meeting of March 29, 1988, and the approval of the Report of the Long Range Planning Committee in a motion to send this report to the Bylaws Committee with instructions to revise the bylaws accordingly for the October 25, 1988, District Meeting. Aside from the usual business the meeting was highlighted by the presence of Dr. James Siragusa who is retiring as President of Mass Medical Society and, of course, it also marked the end of the reign of Dr. Gregory Slachta, our own President.

Following the social hour, certificates and desk sets were presented to six members marking their 50th year in medicine. They were Drs. Richard Bachman, William Coen, John J. Driscoll, Raymond J. Fanelli, Louis Huston, and John W. Turner. Dr. William Walthal was also honored for his many years (12) of devoted services as our Secretary and Dr. Franco Navazio who has served for six years as our Membership Chairman.

After dinner the first of two main speakers was introduced. The first was Dr. William McDermott, Executive Vice-President of Mass. Medical Society, who gave a rather pointed up-date of the activities of the Mass. Medical Society. Dr. McDermott opened his remarks by praising the Presidency of Gus Siragusa, pointing out how he had helped the Society speak with a unified voice in approaching the government and the legislators. Dr. McDermott continued by praising Dr. Slachta for being a role model of active leadership, at the local and national level, for all physicians to emulate. Dr. McDermott then continued in a vein which described both the activities of the Medical Society and some of his own personal points of view. He pointed out that in order to look to the future you need to know where you are. The Mass. Medical Society has found that the statistics and demographic information concerning the numbers of physicians in the various specialties in the state and in different regions of the state are woefully inadequate. For instance, the Board of Registration of Medicine lists 318 orthopedic surgeons, FOLIO lists 611, while Blue Shield lists 811. It is impossible to ascertain the effects of political climate on the practice of medicine if you do not know what the numbers in the various specialties were in the first place. Thus, a study to compile a data base of physician demographics in Massachusetts has become an activity of highest priority for MMS.

In order to be able to discuss Massachusetts' needs for physicians in various subspecialties, the Mass. Medical Society is beginning a survey to get the most accurate picture of the physician population in Massachusetts. This survey must: 1) quantify the current physician manpower data, 2) identify changes in physician practice patterns, and 3) see if liability premium rates have had an effect on high risk specialties. This information will help us ascertain what an impact the "climate" in Massachusetts has had on physicians and also help us to begin shaping health care policy for the future.

Dr. McDermott went on to rebut the common assertion that physicians are concerned only with money, pointing out that a person who dedicates much of his/her youth learning a demanding profession, enters practice with large debts, and makes life and death decisions over the lives of fellow human beings, deserves a level of remuneration that validates that the effort was worhthwhile. We chose to become doctors for the privilege and satisfaction of serving others. This frequently involves the development of a special relationship between patient and physician; but the realities of "new medicine" are intruding on that relationship. These intrusions have negative consequence on patient health care: this is what physicians are protesting. We

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deserve to be recognized as patient advocates, not looked upon as greedy social climbers.

Dr. McDermott next offered what was his personal view on what amounts to "police state" type powers that the Board of Registration of Medicine can theoretically exert over us. Recognition of these powers helped convince him of the anti-physician climate in this state.

The new Universal Health Bill is obviously a major and significant piece of health care legislation which has been passed recently in Massachusetts. The Mass Medical Society supported this bill for the following reasons:

1) It is a laudable effort to attempt to provide access to health care to uninsured people of the state.
2) This legislation defines the appropriate role that the state should play, i.e. that of a broker of insurance rather than a provider of insurance.
3) It included a provision that lays the ground rules for the rapidly expanding PPO market in Massachusetts.

In looking into the future Dr. McDermott foresees that the business community will be drawn further into the management of health care and that will lead to a more sensible approach to high cost illness. Obviously, the future of medicine is changing. Our negative defensive posture must be turned into constructive action. We must resume our role as leaders and educators in our community, continue to remain open with our patients, and stand united behind the efforts of our Medical Societies.

The second half of this double header evening was a presentation by Dr. Stephen Bandeian, the son of our former President, Dr. John J. Bandeian. Stephen H. Bandeian, M.D., J.D., is the Professional Staff Assistant for the Health Sub-Committee for the Committee on Ways and Means at the United States House of Representatives. Dr. Bandeian pointed out that there are 32 million Americans covered by Medicare whose principle goal was to provide access of medical care to the elderly and has been an astounding success from that point of view. Dr. Bandein pointed out that most Americans have access to health care that is unrivaled in the world and reviewed the structure of Medicare; pointing out that Medicare has been involved in the budgetary process because Uncle Sam is running out of money.

Thus, in order to balance their budget there must be increases in taxes, as well as cuts in both military and domestic spending. The growth rate in spending in Medicare is the most rapid of any on the domestic side and this appears to be the most readily cut. The DRG system is working well in stopping the rate of growth of Part A Medicare, but there has been an acceleration in the rate of physician reimbursement, running at about 14% a year.

The executive branch has been advocating an increase in Part B premiums for several years, but Congress has been rejecting them until this past year. Politically it is unlikely that there will be more increases in beneficiary premiums and thus there will be further pressure on physician reimbursement.

Mandatory assignment is no longer a hot issue nationally, because 76% of Medicare services are now assigned. Congress is not anxious to tamper with Medicare, but is being forced to by the deficit. They are waiting for the results of the Harvard RVS Study before making further plans. Dr. Bandeian predicted:

1) That the fee schedule based on some variation of the Harvard RVS Study would be implemented.
2) National payment rates with adjustments for local standards of living will occur.
3) We will not see much of it until 1990 with a five year phase-in after that.
4) Utilization management would be promoted
   a) by evolving capitation systems
   b) by promoting PPO's
   c) by practice guidelines established through specialty societies.
   d) by stronger pressure for peer review on a local level.

Dr. Bandeian concluded by saying that there were legitimate concerns from the government's point of view, from the physician's point of view and from the point of view of the elderly and that a package of compromises would need to be evolved in order to take all of these into consideration.

The meeting concluded with Dr. Rich, our new President, presenting a gift to Dr. Slachta and a thank you to him for his two years of devoted service as President.

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Pride In Medicine II

The Pride in Medicine contest and award ceremony was initiated last year as an essay contest and met with resounding success. Its originator, Dr. Mike Magee, returned this year with a photography contest challenging doctors, hospital employees, and high school students to capture in photos the golden rule "do unto others as you would have them do unto you". The results were a fascinating array of human nature as portrayed through photography. The major sponsors of the Pride in Medicine contest and ceremony were the Massachusetts Hospital Association and the Massachusetts Medical Society, Hallmark Color Laboratories and the Baystate Medical Center. The award ceremony was held at the Marriott Hotel in Springfield, Massachusetts, on May 16, 1988.

Prior to the presentation of awards there were a variety of opening remarks by representatives of the major sponsors highlighted by a stirring discussion of the positive aspects of a medical career that is evolving by Dr. Robert McAfee, a trustee of the American Medical Association. Dr. McAfee's comments were of an upbeat nature and were highlighted by the following observations.

The opportunities in medicine have never been greater. It looks as if by the year 2000 we will be 50,000 physicians short of what will be needed. The population is aging. There will be more than 100,000 persons over 100 years old by the year 2000; new technology, such as, new imaging techniques and basic radiology, lithotherapy, transplant surgery, and immunology research are rapidly expanding our ability to treat disease; opportunities to get into medical school are improving; the liability problems may well be replaced by alternative systems for helping patients and research opportunities will be improving. He asked each person there to recall the day that they received their medical or nursing degree, their feeling of pride and accomplishment on that day, and asked those present to encourage others to follow the same path and obtain the same reward.

Following his remarks there was a video presentation showing a variety of aspects of medicine which was too well done and too beautiful to describe with words.

Finally, the moment of presentation of prizes arrived. The Grand Prize Winner was a photo entitled "A Physician's Touch" which bridges science to humanity and demonstrates how fragile we humans really are. The prize winner representing St. Joseph's Hospital in Lowell Massachusetts was Kathleen Hanafin Joyce. Maria Iacobo of Children's Hospital in Boston won First Prize with two incredible shots that captured a child's tears erased by a nurse's love. Second Place went to Melanie Friedman, also of Children's Hospital in Boston, with a photo entitled "You Were There When I Needed You". The Third Place went to Eleanor J. Gay of Morton Hospital and Medical Center in Taunton, Massachusetts. Finally, there were a number of other excellent photos that were given commendations presented to Linda Greenstein of Bon Secours Hospital of Methuen, Andrew Kessler of the Hebrew Rehabilitation Center for the Aged in Roslindale, Massachusetts, Sally Breuer of the Berkshire Medical Center in Pittsfield, Bill Montillio of the Franklin Medical Center, Terry Ryan, M.D., and Pamela Brough, R.N. from Springfield, Massachusetts, and Sally Heymann, a Harvard Medical Student, and finally Rebecca Frasher of Millis High School.

Pride In Medicine II was indeed an impressive project and we hope to be able to present some of the winning photos in future issues on our cover. What shape and form Pride In Medicine III will take only stirs one's imagination. ■

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Our peripatetic cynic has once again searched far and wide for butts for his current right wing diatribe. *The Editors*

The Cynic Bulletin

Meet the non-candidates: An interview with Snavely S. Reptile, Esq.

The Democratic Party, in disarray as usual, finds itself looking forward to either a presidential candidate who has little chance of winning because he is boring, versus another who has little chance of winning because Americans are just not ready to elect a Baptist preacher to that August office. The only hope is that neither candidate will get anywhere near a majority of delegate votes, and a candidate will then be selected through the time-honored "smoke—filled-room" process. Several Democratic politicians have entered the lists as non-candidates, most notable, Mario Cuomo, but also Sam Nunn, Bill Bradley and maybe even Lee Iococca. Snavely S. Reptile, noted malpractice attorney, is the latest to throw his hat into the non-candidate ring.

Mr. Reptile was interviewed in his palatial office as he was putting the finishing touches on his latest malpractice case. The case (Dwight P. Snork vs. Hartley Wimpole, M.D.) alleged that Wimpole had been responsible for "wrongful life" on the part of Snork. Wimpole, a retired obstetrician, had delivered Snork seemingly uneventfully 47 years ago. After a non-descript childhood, Snork developed an alarming cocaine habit, together with an awesome and frequently utilized capacity for alcohol; in addition, he smoked a carton of unfiltered cigarettes daily. He had several bullet wounds from having been shot by police or 7-11 store owners while attempting to steal money for his habits. He had AIDS, having contracted it in one of his frequent incarcerations, or possibly, during a raping spree, which he was prone to commit while under the influence. At the time the trial was initiated, he was dying of lung cancer, cirrhosis of the liver, cardiomyopathy, pneumocystis carinii pneumonia, and lead poisoning.

Reptile encouraged Snork's mother to initiate the suit after overhearing her say that she would have never had the child if she had known how he would turn out. Reptile's position is that there was willful negligence on the part of the obstetrician in failing to inform Snork's mother of these possibilities while Snork was still *in utero*, so that she could have made an informed decision as to whether or not to bear the child.

Legal experts predict that the case will be decided in favor of Snork, opening the way for literally a whole new malpractice industry. The trial is being held in Massachusetts, which greatly increases the likelihood of a decision in favor of the plaintiff.

The interview is recorded below:

Q. Mr. Reptile, I understand that you have declared your non-candidacy for the Democratic party's presidential nomination. What is the matter with the present front-runners, in your estimations?

Reptile: Well, on the one hand, you have that guy with the funny eyebrows who has deluded himself into thinking that he had something to do with the "Massachusetts Miracle", when it is pretty obvious that the reason Massachusetts is doing so well right now is because of all the defense contracts in the state. It's true that he has created jobs; in fact, Massachusetts has one state government employee for every four citizens, a ratio matched only in North Korea. Not only that, but when the candidate's wife wears a campaign button that says "I'm for Dukakis, I guess", it doesn't instill a lot of enthusiasm in the electorate.

The other candidate, that preacher, is unelectable, but not for the reasons you might think. It isn't well known, but there is proof that as a child, teenager, and young adult, he participated in segregation. I understand that he went to segregrated schools, ate in segregated restaurants, and used segregated restrooms. Now the American people are never going to vote for a former segregationist, no matter what he says now. They are too smart for that.

Q. Tell us about those positions.

Reptile: Well, take foreign policy. I believe in reason. My foreign policy would be to sit down with the various tin-pot dictators and sociopathic terrorists causing trouble in our world, and simply show them in a clear and logical way why they should change their behavior. If that didn't work, I'd send them a firmly worded protest, personally delivered by the local ambassador. And if that failed, I would request that the United Nations sanction them.

I'm not a pacifist, mind you. I believe we have the

continued

The Cynic Bulletin

continued

need and the right to defend ourselves. But do we really need as big a defense establishment as we have now? The Coast Guard was set up to defend us against foreign invaders. In my administration, I'd dismantle the Army, Navy, Air Force, and Marines, which are all offensive services, and increase the strength of the Coast Guard by about 10% or so. That should be sufficient for defense. The United States Customs service would continue to defend our land borders.

As for domestic policy, the major problems in this country have to do with the fact that there is such a tremendous discrepancy between the income of the intelligent, disciplined, and industrious people as opposed to their opposites. As a result, tensions are generated. The answer, as every Democrat would agree, is to take money from the first group and give it to the second group. Even though we've been doing this for nearly fifty years, I contend that the problem has been that we've been thwarted by Republicans and Big Business from doing it right. In my administration, we would simply calculate the average income of a person in the United States, and anyone making more than that would pay the difference in taxes, while anyone making less would receive the difference in government subsidies. You will note that this plan has the additional merit of greatly simplifying the tax code.

Q. What is your position on import tarrifs?

Reptile: A lot of people have maintained that the American Worker is overpaid, underproductive, and not dedicated to quality. I don't believe that for a minute. After all, the American Worker is the backbone of the Democratic Party. The real threat to American industry is the fact that Orientals need far less of the basic necessities of life than Americans, and, as a result, can get by with a lot less money. But I don't believe tariffs or other trade barriers are the answer. My solution is simple. I will require that foreign companies wishing to do business in the United States pay their workers the same wage as a comparable worker in the United States. Furthermore, there will be a "Quality Adjustment". This means that if the foreign product is of higher quality than an equivalent American product, the workers who made that product will be paid less than the equivalent American worker. This policy will bring import prices up and quality down; in the end, I expect the trade deficit will be a thing of the past.

Q. Could you say a few words about Soviet-American relations?

Reptile: Nothing new there. I intend to continue the strong, steady course of my Democratic predecessors.

continued

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We will continue to prove to the Soviet Union that they have nothing to fear from us. Unilateral disarmament is only part of that policy. In addition, when they take over a third world country, we'll certainly not allow ourselves to get bogged down in some kind of militaristic adventure. I think history shows that as long as the Soviet Union gets whatever it wants, it is not dangerous to anybody.

Q. You seem to have thought of everything. But your positions aren't really very different from those of most Democratic leaders. Is there anything that really distinguishes your non-candidacy from that of others?

Reptile: I'm glad you asked that. It so happens that the area in which I am most expert, namely health care, is also the area in which my policies are truly revolutionary. Health care costs are rising out of sight. There are too many doctors. There is a major shortage of nurses and other medical care specialists. Hospitals are going broke. Something difinitely needs to be done. Governor Dukakis has pledged to establish several commissions, study groups, and think-tanks as well as a few regulatory agencies to solve these problesm, just as he has done in Massachusetts. Jesse Jackson has stated, and I quote "Don' want no pill when I get ill; Won' pay the doc, I'll take a walk; If you gonna cut, better sew it shut; and Jesse say, make the Rich Folks pay." Now my policy is much simpler. If elected, I intend to seek a mandatory federal law requiring physicians to retire from practice at the age of 50.

Q. That's it? That's your whole health policy?

Reptile: Let me explain. If physicians were forced to retire at age 50, the physician surplus would quickly become a physician dificit. This would mean that we would greatly increase the demand for doctors. Medical schools would have to lower their unrealistically high standards, and this would allow a lot more young people to enter the profession. Their tuition would then result in a higher income level for teaching hospitals, which would help the hospitals out. I calculate that we could triple the number of physicians in the pipeline by the mandatory retirement act.

With a much larger number of young physicians just starting practice, there would be cutthroat competition to capture a share of the available patients. This would lower prices. Physicians and hospitals would develop strategies to attract more and more patients. This would include treatment programs for the healthy. Did you know that 20% of the population uses 80% of our medical services? What about all those healthy people? They have insurance too, you know. If we treated healthy people as well as sick people, we could greatly increase third-party reimbursement as well.

Q. But what about the shortages in non-physician areas?

Reptile: Again, my plan solves the problem. The 50 year old physician, who is trying to pay off his mortgage and put his kids through college, will have to find some kind of work. What would be easier than to retrain as a nurse or radiation technologist, or lab technician? Of course if we don't get enough physicians re-entering the health field, we'll just lower the retirement age a little further.

Q. It sounds like a brilliant plan, but I can't help thinking there must be some sort of flaw. In fact, its just the opposite of a plan put forth by Percival Smythe-Smythe, (one of the Republican non-candidates).

Reptile: Oh, yes, Smythe-Smythe. He insists that as you increase the number of physicians, you increase the number of diseases. I know that theory. Back in prehistoric times, there was only one disease—being possessed by evil spirits. Then Galen came along, and suddenly there were four; you could have disturbances in phlegm, bile, blood, or air. Back in the early days of this country, there was rheum, guinsy, pthisis, catarrh, dropsy, and a number of other diseases we never hear about anymore. Today, it takes a book to just name all the diseases. And it's true that as the number of physicians has increased, so has the number of diseases. But Smythe-Smythe's solution, which is to put a bounty on the head of each licensed physician, is just not consistent with the principles of the Democratic party.

Q. We thank you for your time. One last question. Why do you want to be president?

Reptile: No surprises there. I love power. I truly enjoy being the object of everyone's attention. I was pushed around a lot when I was a kid, so this is my chance to get back at everyone. And the money is good, especially the lifetime income and perks after you've finished your term. Of course, I also want to have an opportunity to see if any of my ideas would actually work. So you see, I have the same motives as the other candidates. ■

NEXT TIME: An interview with Percival Smythe-Smythe, Republican non-candidate.

R. Cynic, M.D.

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RICKIE LEITER **BARBARA SADOWSKY**

Electronic Information for Physicians:
A New Dimension In Solving Traditional Problems Part I

Physicians have a continual need for information. This is a natural consequence of the overwhelming and increasing quantity of biomedical knowledge required for the practice of medicine today. Traditional sources of this information include colleagues, books, and journals, both in the hospital and office environment. Thanks in part to the decreasing cost of computer equipment, a new, low-cost, more up-to-date source of information is now readily available to physicians: electronic information. This information may often be more convenient, more current, and more relevant than traditional sources. This article provides some examples of the types of electronic information which can be useful in addressing physician information needs. It focuses on AMA/NET, the AMA sponsored nationwide medical information network which is now available to physicians throughout the U.S.

I. The Diagnostic Problem

Probably the most common problem that physicians face is making a diagnosis. In the overwhelming majority of cases, the signs and symptoms of a patient's presenting illness are clear and easily recognizable and the diagnosis is rapidly made. However there is a small percentage of cases which present puzzling combinations of findings. It is in these cases that physicians traditionally seek the help of colleagues, books and the recent literature. Colleagues, of course, are an excellent source of information. However, they are not always readily available. Books typically are limited in that their information is at least one year old, and is usually organized by disease, not signs and symptoms. Because of this, a diagnostic hypothesis must be formed before the information is accessible. Even books which focus on signs, symptoms, and differential diagnoses may not provide ready access to information relevant to a specific patient with an unusual combination of findings.

While the recent literature is more current than books, it is also organized by disease and is more difficult to access. Only a limited number of journals can be available in the physician's office. These will typically be organized chronologically, and finding information on a particular topic may be quite time consuming. A well organized and up-to-date reprint system may compensate for these problems somewhat.

The nearest medical library will undoubtedly have a much more comprehensive collection of journals and also more capabilities for locating relevant articles, for example using Index Medicus. However, the library may also not be very convenient for the physician.

How can electronic information help? AMA/NET provides two different types of information which can be of assistance in a diagnostic problem: 1) DxPlain, a diagnostic assistant program, and 2) various methods for searching and accessing the medical literature. The DxPlain system is unique to AMA/NET; it provides patient-specific diagnostic information. Upon entering DxPlain, information is requested regarding the age and sex of the patient, duration of the problem, and the signs, symptoms, and lab findings associated with this condition. This information is entered in a very natural form with opportunities for correcting spelling and other typographical errors. After entering all the information for the patient, DxPlain produce a list of diagnostic possibilities. This list is divided into common and rare diseases, and each disease shown is given a ranking according to the likelihood that it could be responsible for the observed patient signs and symptoms. DxPlain then will provide explanations describing those signs and symptoms that led to the inclusion of each diagnosis, other findings which are not explained, and additional findings which were not noted but would be expected in that particular condition. Thus, DxPlain can help the physician to both generate and "think through" the differential diagnosis in a puzzling case. It functions as a specialized, patient-specific differential diagnosis reference allowing rapid access to information which can be helpful in the diagnostic process.

Another important area where electronic informattion can be extremely useful is in search and retrieval of recent literature. AMA/NET provides several methods of accessing the medical literature. The first of these, is EMPIRES (Excerpta Medica Physicians Information Retrieval and Education Service), which indexes articles from 328 key clinical journals. Searching can be done in one of two ways: easy search and advanced search. In easy search, two keywords are entered and a search is performed for all references which pertain to both those keywords. An option is provided for restricting the search to the last six months. Very little (if any) knowledge with respect to searching techniques in databases is required to use easy search. In advanced search, as many keywords as desired may be entered, and combined in whatever way desired. Repeated searches can be done to narrow down the selections as needed. While advanced search is not difficult to use, it does require some knowledge of both searching techniques and the commands available. AMA/NET provides access to MEDLINE, the National Library of Medicine database of the world's biomedical literature, in two seperate ways. First, access is provided by PaperChase, a friendly user interface developed at the Beth Israel Hospital in Boston. This program allows the physician with very little searching experience or knowledge of computers to construct a successful search of some complexity. Many physicians have found that it provides a fast and easy way to access the medical literature.

continued

The National Library of Medicine's own user interface for MEDLINE, Grateful Med., is also available on AMA/NET. It provides a slightly different environment for helping the physician to develop and execute an appropriate search.

All three of these methodologies provide useful ways to access the most recent medical literature. Although the full text of articles found is not on-line for immediate reading, abstracts are available for the majority of the articles. Also, it is possible to order paper copies of any articles retrieved (up to five EMPIRES articles per month are available at no charge.)

II. The Therapeutic Problem

The physician's approach to a therapeutic problem is very similar to the diagnostic, although there are some sources of information which are more directly helpful. As with diagnostic problems, the traditional options available are colleagues, books, and literature. If information is desired on a specific drug or a class of drugs this can be obtained from a number of references which are often readily available. However, the often-asked question regarding the determination of the currently accepted therapy for a given disease is sometimes more difficult. Here again, electronic access to the most recent literature can be very helpful.

One of the key words allowed in literature searching is "review." This results in the ability to access a recent review article on any given condition. This can often result in rapid identification of currently acceptable therapy.

Another common therapeutic problem is assessing the possibility of drug interactions, especially for a patient on many different medications. The MEDICOM drug interaction database recently became available on AMA/NET. It allows entry and storage of specific patient drug profiles so that patients with difficult drug interaction problems can be easily reevaluated when therapy is changed. In addition to drug interactions, drug-food, drug-nutrient, and drug-disease, and potential allergic reactions are also reported. Each reaction has an associated level of severity. If desired, output can be limited to the most clinically significant reactions. This avoids one of the classic problems in consulting printed drug interaction references: namely, the hundreds of interactions listed which have no practical clinical significance. ■

William A. Yasnoff, M.D., Ph.D.
American Medical Association

NEXT TIME: Current Awareness, Electronic Communication with Colleagues, and more.

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Letters To The Hippocrat

May 5, 1988

Dear Dr. Slachta, and fellow members of the Hampden District Medical Society:

I regret that I could not be present at the meeting and dinner, and know you would have enjoyed my surprise and pleasure on receiving the certificate and beautiful Cross desk set with engraved plate.

I am proud and happy to receive them. You can be sure they will be prominently displayed in my home. Thank You.

Sincerely,
Lewis L. Huston

Dear Dr. Slachta, May 10,1988

I am writing again in behalf of my husband, Dr. William Coen, to thank the Hampden District Medical Society for the beautiful Cross desk pen set. It was a lovely surprise, since he had expected only the certificate in recognition of his 50 years membership in the Society.

He is looking forward to making very good use of the pen set when he recovers and is able to write his own notes.

Sincerely,
Gertrude J. Coen

Man Of The Year

In February of this year, Dr. John J. Alifano, Sr. was chosen as the recipient of the prestigious UNICO "Man of the Year" Award. The Nominating Committee cited Dr. Alifano's service to his community, contributions to society and in his daily life emulating the principles for which UNICO was founded: "service above self". Further, Mayor Richard Neal proclaimed February 6, 1988 as Dr. John J. Alifano Day for the City of Springfield.

Dr. Alifano writes beautiful poetry and has had several books published. He contributes regularly to our magazine.

Our best wishes and congratulations to Dr. Alifano and his family. ■

Editor, Hippocrat May 13, 1988
1414 State Street
Springfield, MA 01109

Dear Hampden Hippocrat:

This is to express my thanks to the Hampden District Medical Society for the fifty year certificate and for the gift.

It was kind of the Board of Censors in 1938 to accept my transfer from the Erath County Medical Society in Texas. Members of the Society here have been generous to me individually and collectively. It was an honor to have served as President.

My fifty years locally spans three generations of Doctors Beauchamp, Boss, Gilchrist, and LaRochelle. My belief is that the eldest members had a greater sense of appreciation from patients and the public than now occurs.

Recently, a kindly lady came for mammography with the aid of support for her arthritic knees and hips. Physiologically she seemed in the 70-75 year range. With a smile she said, "Dr. Turner, I remember you. When I was eight years old I had a fractured elbow. You saw the x-ray." This episode reminded me that I have been around for a while. She was actually only 58. Also I was only twenty-one when I received my M.D. degree.

It has been a series of pleasures.

Sincerely,
John W. Turner, M.D.

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The By-Laws of the organization indicate that candidates for membership must be members of the Mass. Medical Society.

Thus, for MMS members who contribute and become members of the Massachusetts Medical Benevolent Society, there is a source of financial aid if one becomes impoverished. It is a small dues contribution to help in times of financial disaster.

Application for membership and dues can be sent to the Massachusetts Medical Benevolent Society, 1440 Main Street, Waltham, MA 02254. ■

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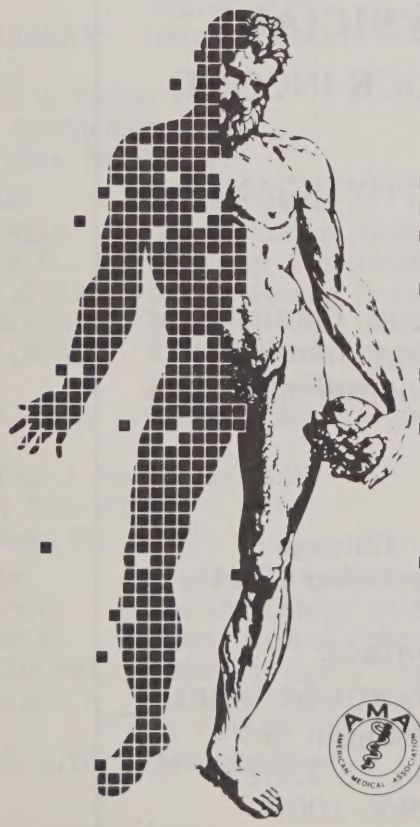

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Jack Rampone Fund

Dear Doctor,

As you may know, Jack Rampone has suffered a reversal in his health. He is at present hospitalized at the Northampton VA Hospital. His health has stabilized at present and his spirits are good.

He has been forced to close his practice of Gynecology & Gynecologic Oncology, and at present has no income. His past medical problems have prevented him from obtaining medical insurance. A fund is being established in his name and contributions are being solicited from physicians at Baystate Medical Center and Mercy Hospital.

We all know Jack as a caring compassionate individual, who always put the patient first. As physicians in the area we all directly or indirectly benefited from his knowledge and technical skills.

If you would like to contribute to this fund, please make a check payable to: THE JACK RAMPONE FUND, and mail to:

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John Zadworny, M.D.
125 Liberty Street
Springfield, MA 01103

Won Park, M.D.
Baystate Medical Center
759 Chestnut Street
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Welcome New Members

Koenigs, Laura Pinkston, M.D.
140 High Street
Springfield, MA 01199

BORN:	October 31, 1955
PREMED:	University of Kansas, Kansas 1974-78
MEDICAL:	University of Kansas, Medical Center 1978-82
INTERNSHIP:	Yale-New Haven Hospital 1982-83 Pediatrics
RESIDENCY:	Yale-New Haven Hospital 1983-1985 Pediatrics
FELLOWSHIP:	Yale-New Haven Hospital 1985-87 Adolescent Medicine
SPECIALTY:	Pediatrics/Adolescent Medicine

Nancy H. Miller, M.D.
Baystate Medical Center
759 Chestnut Street
Springfield, MA 01199

BORN:	September 17, 1951
PREMED:	Stockton State College, New Jersey 1972-74 Duke University, North Carolina 1977-80
MEDICAL:	University of North Carolina School of Medicine 1981-85
INTERNSHIP:	Baystate Medical Center 1986-87
RESIDENCY:	Baystate Medical Center August 1987-present
SPECIALITY:	Internal Medicine/Pediatrics

David R. Bishop, M.D.
444 Montgomery Street
Chicopee, MA 01020

BORN:	July 29, 1950
PREMED:	Harvard College 1968-72
MEDICAL:	University of Michigan 1974-78
INTERNSHIP:	Duke University Hospital 1978-79
RESIDENCY:	Duke University Hospital 1979-81
FELLOWSHIP:	Duke University Hospital 1981-84 Hematology/Oncology
SPECIALTY:	Oncology/Hematology

Thomas J. Bombardier, M.D.
1221 Main Street
Holyoke, MA 01040

BORN:	November 23, 1956
PREMED:	Amherst College 1978
MEDICAL:	Albany Medical College, NY 1982
INTERNSHIP	Berkshire Medical Center, MA 1982-83
RESIDENCY:	Louisiana State University Eye Center, LA 1983-86 Ophthalmology
SPECIALITY:	Ophthalmology

continued

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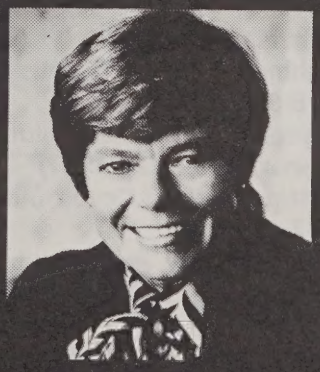

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Baystate Medical Center
759 Chestnut Street
Springfield, MA 01199

BORN: September 14, 1950
PREMED: Colgate University 1968-72
MEDICAL: Rutgers Medical School, NJ 1973-75
Mt. Sinai School of Medicine, NY 1975-77
INTERNSHIP: Overlook Hospital, NJ 1977-78
RESIDENCY: Overlook Hospital, NJ 1978-79 Family Practice
Overlook Hospital, NJ 1979-81 Internal Medicine
Overlook Hospital, NJ 1981-82 Cardiology
FELLOWSHIP: Overlook Hospital, NJ 1983-84 Cardiology
Baystate Medical Center 1985-86 Cardiology
SPECIALTY: Internal Medicine/Cardiology

Carol M. Tunney, M.D.
Baystate Medical Center
759 Chestnut Street
Springfield, MA 01199

BORN: February 21, 1957
PREMED: St. Lawrence University, NY 1975-79
MEDICAL: SUNY at Stonybrook School of Medicine 1983-87
INTERNSHIP: Baystate Medical Center July 1987-present
SPECIALITY: Obstetrics/Gynecology

Ann Y. Rhee, M.D.
Baystate Medical Center
759 Chestnut Street
Springfield, MA 01199

BORN: September 14, 1960
PREMED: Washington University, Missouri 1978-82
MEDICAL: University of Missouri-Columbia, Missouri 1982-May 1987
INTERNSHIP: Baystate Medical Center July 1987-present
SPECIALITY: Anesthesiology

Kenneth P. Koenigs, M.D.
300 Stafford Street
Springfield, MA 01104

BORN: June 20, 1956
PREMED: University of Kansas, Kansas 1974-78
MEDICAL: University of Kansas Medical Center 1978-82
INTERNSHIP: Yale-New Haven Hospital, CT 1982-83
RESIDENCY: Yale-New Haven Hospital, CT 1983-85
FELLOWSHIP: Yale University School of Medicine 1985-87
SPECIALTY: Gastroenterology/Internal Medicine

Frederick J. Keefer
74 South Street
Ware, MA 01082

BORN: March 19, 1953
PREMED: Rutgers University, NJ 1971-75
MEDICAL: Autonomous University of Guadalajara 1977-80
INTERNSHIP: 5th Pathway—Muhlenberg Hospital, NJ 1983-84
Overlook Hospital, NJ 1984-85
Columbia University Satelite Program
RESIDENCY: Overlook Hospital, NJ 1985-87
SPECIALTY: Pediatrics and Adolescent Medicine

Lawrence H. Field, M.D.
Mercy Hospital
271 Carew Street
Springfield, MA 01104

BORN: May 29, 1950
PREMED: SUNY, Cortland, NY 1968-72
SUNY, New Paltz, NY 1973-75
MEDICAL: University Autonoma of Guadalajara, Mexico 1976-80
Mt. Sinai School of Medicine NY 1980-81
INTERNSHIP: Booth Memorial Center, NY 1981-82
RESIDENCY: SUNY, Buffalo, NY 1982-84 Ophthalmology
SUNY, Buffalo, NY 1984-86 Physical Medicine/Rehabilitation
SPECIALITY: Physical Medicine/Rehabilitation

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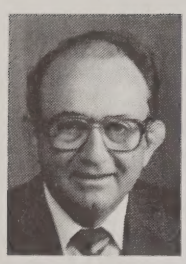

A diverse membership has diverse needs, and the AMA is committed to addressing those needs. This year we're introducing something new when you join the AMA or renew your membership. In your AMA Membership Kit you'll have the opportunity to sign up for one of three *benefit packages* of publications, conferences, participatory panels, focused issue updates, etc., on topics related to the area you designate. Each package is tailored to address your particular interests:

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